PEDIATRIC VISIT 15 to 17 MONTHS

DATE OF SERVICE_____

NAME_____ M / F DATE OF BIRTH_____ AGE_____

WEIGHT_____/_____% HEIGHT_____/_____% HC_____/_____% TEMP_____

HISTORY REVIEW/UPDATE: *(note changes)*

Medical history updated? _____
Family health history updated? _____
Reactions to immunizations? Yes / No_____
Concerns: _____

PSYCHOSOCIAL ASSESSMENT:

Sleep: **Child care:**

Recent changes in family: *(circle all that apply)*
New members, separation, chronic illness, death, recent move, loss of job, other_____

Environment: Smokers in home? Yes / No

Violence Assessment:
History of injuries, accidents? Yes / No
Evidence of neglect or abuse? Yes / No

RISK ASSESSMENT: TB LEAD

(Circle) Pos / Neg Pos / Neg

PHYSICAL EXAMINATION

Wnl	Abn	*(describe abnormalities)*
☐	☐	Appearance/Interaction
☐	☐	Growth
		_____
☐	☐	Skin
		_____
☐	☐	Head/Face
☐	☐	Eyes/Red reflex/Cover test
☐	☐	Ears
☐	☐	Nose
☐	☐	Mouth/Dental/Number of teeth
		_____
☐	☐	Neck/Nodes
☐	☐	Lungs
		_____
☐	☐	Heart/Pulses
☐	☐	Chest/Breasts
		_____
☐	☐	Abdomen
☐	☐	Genitals
		_____
☐	☐	Musculoskeletal
☐	☐	Neuro/Reflexes/Tone
		_____
☐	☐	Vision *(gross assessment)*
☐	☐	Hearing *(gross assessment)*

_____

_____

NUTRITIONAL ASSESSMENT:

Typical diet *(specify foods)*:

Education: Only water in bedtime bottle ☐ Keep offering new foods ☐
Strong dislike for certain foods ☐ Phase out bottle, pacifier ☐

DEVELOPMENTAL SCREENING: *(With Standardized Tool)*

ASQ: ☐ **PEDs** ☐ **Other:** ☐ *(specify)* _____
Results: Wnl ☐ **Areas of Concern**:_____
Referred: Yes / No **Where**? _____

DEVELOPMENTAL SURVEILLANCE: *(**O**bserved or **R**eported)*

Social: Imitates affection ☐ Helps with simple tasks ☐
Imitates housework ☐

Fine Motor: Scribbles spontaneously ☐ Uses cup ☐ Feeds self ☐
Tower of 2 cubes ☐

Language: 3 words other than Dada/Mama ☐ Immature babbling ☐
Points to 1-3 named body parts ☐ Understands simple commands ☐

Gross Motor: Crawls up steps ☐ Stoops and recovers ☐
Walks well ☐ Walks backward ☐ Removes garment ☐

ANTICIPATORY GUIDANCE:

Social: Child is egocentric ☐ Loves attention ☐
Seeks to control others ☐

Parenting: Child may bite, hit ☐ Use time out ☐
Temper tantrums: ignore, distract ☐ Avoid spanking/slapping ☐
Discipline is teaching ☐ Dependence verses autonomy needs ☐

Play and communication: Climbing, dancing, riding toys ☐
Likes to push/pull, empty/fill, open/close ☐ Read stories ☐
Enjoys household articles ☐

Health: Regression during illness/stress ☐ Proper shoes ☐
Teeth brushing ☐ Fluoride if well water ☐
Second hand smoke ☐ Use sunscreen ☐

Injury prevention: Infant car seat ☐ Rear riding seat ☐
Baby proof home ☐ Hot liquids ☐ Hot water set at 120º ☐
Water safety (tub/pool) ☐ Choking/suffocation ☐ Poison control # ☐
Firearms (owner risk/safe storage) ☐ Fall prevention (heights) ☐
Don't leave unattended ☐ Smoke detector/escape plan ☐

PLANS/ORDERS/REFERRALS

1. Immunizations ordered ☐ _____
2. Review lead and HCT results ☐ _____
3. Refer for lead and HCT testing if not available ☐ _____
4. PPD, if positive risk assessment ☐
5. Dental visit advised ☐ or date of last dental exam_____
6. Fluoride Varnish Applied? Yes / No_____
7. Next preventive appointment at 18 months ☐ _____
8. Referrals for identified problems? *(specify)* _____

Signatures:_____